

EV0378

ePoster Viewing

Clinical ID: community-acquired infections including CAP, sepsis, STD, ...

**Determinants of fever duration in acute pyelonephritis**

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**Objectives:** Delay in obtaining the apyrexia (DOA) during acute pyelonephritis frequently led to modifying antibiotics. We investigated factors influencing DOA and its clinical impact.

**Methods:** Data were retrospectively collected from all admitted patients diagnosed as “acute pyelonephritis”, in the Department of Infectious Diseases, during the period 2002-2012. Inclusion criteria were: age  $\geq$  15 years-old, fever  $\geq$  37.8 °C, back pain and/or urinary symptoms, leukocyturia  $\geq$  10 leucocytes/mm<sup>3</sup> and bacteriuria  $\geq$  10<sup>5</sup> CFU/ml. Nosocomial pyelonephritis were excluded. Apyrexia was considered delayed if fever persists more than 72 hours under antibiotics.

**Results:** In total, 412 patients were enrolled. Mean age was 45  $\pm$  20.6 years. *E. coli* was isolated in 334 cases (81%). Mean duration of fever was 59  $\pm$  42 hours. DOA was noted in 132 cases (32%) correlated to delayed sterilization of urine (p = 0.004). Factors associated to DOA were: bacteremia (OR: 3.1 (95%CI: 1.36–6.98), p = 0.007), isolation of *E. coli* (OR: 1.93 (95%CI: 1.03–3.59), p = 0.039), hyperleukocytosis (OR: 1.66 (95%CI: 1.05–2.63), p = 0.029) and patients treated with bi-antibiotherapy (OR: 2.77 (95%CI: 1.41–5.44), p = 0.003). However, DOA was not influenced by the route of administration of antibiotics (p = 0.19). Patients with delayed apyrexia were hospitalized for a longer period (p = 0.002), but the mean duration of antibiotic therapy was not different (p = 0.51).

**Conclusions:** In treated acute pyelonephritis, fever can take more than 72 hours to resolve. However, there is no impact on the antibiotherapy modalities or on prognosis.